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Bib Data Sheet

CONFIRMATION NO. 7566

| SERIAL NUMBER  | FILING OR 371(c) DATE   | CLASS                     | GROUP ART UNIT  | ATTORNEY DOCKET NO. |
|--|---|---------------------------|---|---------------------|
| 10/568,415   | 02/14/2006  | 623                       | 3709  | 06008               |
| <b>APPLICANTS</b><br>Piero Petrini, Perugia, ITALY;<br>Guy Deneuvillers, Merlimont, FRANCE, <i>(X1)</i>  |   |                           |   |                     |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IT04/00148 03/24/2004 <i>(X1)</i>  |   |                           |   |                     |
| <b>** FOREIGN APPLICATIONS *****</b><br>ITALY FI2003 A 000084 03/28/2003 <i>(X1)</i>   |   |                           |   |                     |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>08/05/2006 <b>** SMALL ENTITY **</b>  |   |                           |   |                     |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>(Signature)</i> Examiner's Signature <i>(Initials)</i> Initials |   | STATE OR COUNTRY<br>ITALY | SHEETS DRAWING<br>3   | TOTAL CLAIMS<br>16  |
| INDEPENDENT CLAIMS<br>1  |   |                           |   |                     |
| <b>ADDRESS</b><br>23338  |   |                           |   |                     |
| <b>TITLE</b><br>Interlaminar vertebral prosthesis  |   |                           |   |                     |
| <b>FILING FEE RECEIVED</b><br>515  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                     |